

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ \_\_\_\_\_

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:  
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
<b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>	
Applicant's or agent's file reference 060210wo HPJ/ko	
International application No. PCT/EP2005/002975	International filing date (day/month/year) 21 March 2005
(Earliest) Priority date (day/month/year) 22 March 2004	
Title of invention Method and test-kit for the detection and quantification of organisms	
<b>Box No. II APPLICANT(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Goldschmidt Gesellschaft mit beschränkter Haftung Goldschmidtstraße 100 45127 Essen DE	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Proteus S.A. 70, Allée Graham Bell Parc Georges Besse 30000 Nimes FR	
State (that is, country) of nationality: FR	State (that is, country) of residence: FR
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
Allef, Petra Nieberdingstraße 40 45147 Essen DE	
State (that is, country) of nationality: DE	State (that is, country) of residence: DE
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.	

## Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Grüning, Burghard  
Walsaum 11  
45134 Essen  
DE

State (that is, country) of nationality:  
DE

State (that is, country) of residence:  
DE

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Ravot, Gilles  
34, Rue des Gerfauds  
30900 Nimes  
FR

State (that is, country) of nationality:  
FR

State (that is, country) of residence:  
FR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Wahler, Denis  
3, Impasse du Savignon  
30132 Caissargue  
FR

State (that is, country) of nationality:  
FR

State (that is, country) of residence:  
FR

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

☐

Further applicants are indicated on another continuation sheet.

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The following person is ☒ agent ☐ common representative  
 and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.  
☒ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.  
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

Jönsson, Hans-Peter  
 von Kreisler Selting Werner  
 Deichmannhaus am Dom  
 50667 Köln  
 DE

Telephone No.

02 21-91 65 20

Facsimile No.

02 21-13 42 97

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:\***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filed

the description ☒ as originally filed  
☐ as amended under Article 34

the claims ☐ as originally filed  
☐ as amended under Article 19 (together with any accompanying statement)  
☒ as amended under Article 34

the drawings ☐ as originally filed  
☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Language for the purposes of international preliminary examination: ENGLISH**

- ☒ which is the language in which the international application was filed.  
☐ which is the language of a translation furnished for the purposes of international search.  
☐ which is the language of publication of the international application.  
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

**Box No. V ELECTION OF STATES**

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

**Box No. VI CHECK LIST**

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- |  |   |        |
|--|---|--------|
| 1. translation of international application                              | : | sheets |
| 2. amendments under Article 34   | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19  | : | sheets |
| 5. letter  | : | sheets |
| 6. other ( <i>specify</i> )  | : | sheets |

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Examining Authority use only

received

not received

☐☐☐☐☐☐☐☐☐☐☐☐

The demand is also accompanied by the item(s) marked below:

- |   |  |
|---|--|
| 1. <input checked="" type="checkbox"/> fee calculation sheet                                | 5. <input type="checkbox"/> statement explaining lack of signature     |
| 2. <input type="checkbox"/> original separate power of attorney                             | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney                              | 7. <input checked="" type="checkbox"/> other ( <i>specify</i> ):       |
| 4. <input type="checkbox"/> copy of general power of attorney;<br>reference number, if any: |  |

Reply to the  
Communication of the  
Search Authority

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

Cologne, 20 January 2006

  
Dr. Hans-Peter Jönsson

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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due  
to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months  
from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been  
informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of  
Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival  
is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

# PCT

## CHAPTER II

### FEE CALCULATION SHEET

#### Annex to the Demand

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">International application No. <b>PCT/EP2005/002975</b></td><td style="width: 50%; padding: 5px;">Applicant's or agent's file reference <b>060210wo HPJ/ko</b></td></tr><tr><td colspan="2" style="padding: 5px;">Applicant <b>Goldschmidt GmbH; Proteus S. A.</b></td></tr></table>	International application No. <b>PCT/EP2005/002975</b>	Applicant's or agent's file reference <b>060210wo HPJ/ko</b>	Applicant <b>Goldschmidt GmbH; Proteus S. A.</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;">For International Preliminary Examining Authority use only</div> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>
International application No. <b>PCT/EP2005/002975</b>	Applicant's or agent's file reference <b>060210wo HPJ/ko</b>				
Applicant <b>Goldschmidt GmbH; Proteus S. A.</b>					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>CALCULATION OF PRESCRIBED FEES</b></div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 45%;">1. Preliminary examination fee .....</div><div style="width: 50%; text-align: right; border: 1px solid black; padding: 5px;"><b>1530,00 EUR</b> <span style="border: 1px solid black; padding: 0 5px;">P</span></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"><div style="width: 45%;">2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) .....</div><div style="width: 50%; text-align: right; border: 1px solid black; padding: 5px;"><b>129,00 EUR</b> <span style="border: 1px solid black; padding: 0 5px;">H</span></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"><div style="width: 45%;">3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box .....</div><div style="width: 50%; text-align: right; border: 1px solid black; padding: 5px;"><b>1659,00 EUR</b></div></div> <div style="text-align: right; margin-top: 5px; border: 1px solid black; padding: 2px 10px;"><b>TOTAL</b></div>					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>MODE OF PAYMENT</b></div> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</div><div><input type="checkbox"/> cash</div></div><div><input type="checkbox"/> cheque</div><div><input type="checkbox"/> postal money order</div><div><input type="checkbox"/> bank draft</div></td><td style="width: 50%; vertical-align: top;"><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> revenue stamps</div><div><input type="checkbox"/> coupons</div><div><input type="checkbox"/> other (specify):</div></div></td></tr></table>		<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)</div><div><input type="checkbox"/> cash</div></div> <div><input type="checkbox"/> cheque</div> <div><input type="checkbox"/> postal money order</div> <div><input type="checkbox"/> bank draft</div>	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> revenue stamps</div><div><input type="checkbox"/> coupons</div><div><input type="checkbox"/> other (specify):</div></div>		
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